

Employer's Certification in Connection with Termination Retirement Allowance Pursuant to G.L. c. 32, § 10(2) to be Filed with the Retirement Board

Updated August, 2002

Retirement Board: Please place your address and phone number here. ▶

Member's Last Name _____ First _____ M.I. _____ Former or Maiden Name _____
Street Address _____ Social Security # _____
City _____ State _____ Zip _____

G.L. c. 32, § 10(2) provides for a Termination Retirement Allowance to any member of a Retirement System who has at least twenty years of creditable service and who fails of nomination or re-election, or fails of reappointment, or whose office or position is abolished, or who is removed or discharged from his or her office or position without moral turpitude.

G.L. c. 32, § 10(2), as amended effective July 1, 2002, requires the employer of any employee applying for a Termination Retirement Allowance to certify in writing as to the member's eligibility for the Termination Retirement.

I, (name) _____ am the employer of the above-named employee at _____ (place of employment) and hereby certify that he/she was terminated from his/her position for the following reason (check one):

- ☐ The employee has failed of nomination or re-election; or
- ☐ The employee has failed of reappointment; or
- ☐ The employee's office or position has been abolished; or
- ☐ The employee has been removed or discharged from his position without moral turpitude on his part.

See Page Two.



Member's Last Name	First	M.I.	Social Security #
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By way of further explanation, I state as follows: (Set forth a detailed statement of all circumstances surrounding the employee's termination, attaching supporting documents as needed).

The statements and facts contained in this document are correct, complete and accurately presented and are made under the pains and penalties of perjury.

Signature of Employer _____

Print full name _____

Title _____

Date _____